

Corrective Action Plan

This form must be submitted by claim preparers who are requesting a payment for school nutrition sponsors who have submitted a late claim under the one-time-exception category.

Please type or print information or affix label:

Agreement Number:	Sponsor Name and Address:

Month/Year of Late Claim: _____ / _____

1. Explain in detail the problem(s), which contributed to the claim being late.
(Use additional page if needed.)

2. Detail the actions you are taking to avoid a late claim in the future.
(Use additional page if needed.)

Sponsor Certification: By signing this form below, we understand that this one-time request will be granted only if this Corrective Action Plan is approved by Nutrition Services Division and that only one late claim can be granted under this one-time category every three years.

Claim Preparer

Authorized Official

Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Telephone:	Telephone: